11:35 a.m.

New-variant CJD and Blood Safety in the European Union. Potential human exposure to BSE, national and EC surveillance activities and public policies concerning blood

J. Löwer, MD

Paul Ehrlich Institute Langen, Germany

European Commission

24 Directorates-general

DG III Industry

supervises

EMEA

DG XXIV Consumer Policy and Consumer Health Protection

hosts

Scientific Steering Committee 8 Scientific Committees

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European Commission

DG Enterprise

supervises

EMEA

DG Health and Consumer Protection (SANCO)

hosts

Scientific Steering Committee 8 Scientific Committees

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DG Sanco: Scientific Committees

- Scientific Steering Committee
 - Scientific Committee on Food
 - Scientific Committee on Animal Nutrition
 - Scientific Committee on Animal Health and Animal Welfare
 - Scientific Committee on Veterinary Measures relating to Public Health
 - Scientific Committee on Plants
 - Scientific Committee on Cosmetic Products and Non-Food Products Intended for Consumers
 - Scientific Committee on Medicinal Products and Medical Devices
- Scientific Committee on Toxicity, Ecotoxicity and the Environment

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Scientific Committee on Medicinal Products and Medical Devices Members of the Working CJD Group

- Dobbelaer, Roland
- · Rohwer, Robert
- · Dormont, Dominique
- · van Aken, Willem G.
- · Jones, Keith
- · Will, Robert G.
- Rodriguez Farré, Eduardo
- · Zerr, Inga
- · Löwer, Johannes

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OPINION ON THE RISK QUANTIFICATION FOR CJD TRANSMISSION VIA SUBSTANCES OF HUMAN ORIGIN

Adopted by
The Scientific Committee on Medicinal Products and Medical Devices
On 21 October 1998

http://europa.eu.int/comm/dg24/health/sc/scmp/outcome_en.html

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OPINION ON

UPDATE OF THE OPINION GIVEN BY THE BEIENTIFIC COMMITTEE ON MEDICINAL PRODUCTS AND MEDICAL DEVICES ON THE RISK QUANTIFICATION FOR
CJD TRANSMISSION VIA SUBSTANCES OF HUMAN ORIGIN

Adopted by
The Scientific Committee on Medical Products and Medical Devices
On 16 February 2000

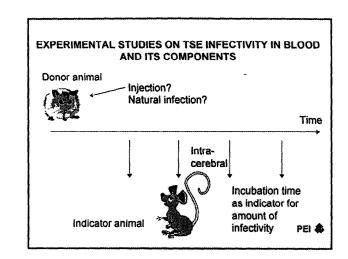
http://europa.eu.int/comm/dg24/health/sc/scmp/outcome_en.html

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Case control studies

- · Kondo 1982: 1 case vs. 3 controls
- Davanipur 1985: odds ratio 0.6
- Esmonde 1993: 14% cases vs. 19% controls
- van Duijn 1998: no significantly increased risk of CJD related to past medical history including surgery and blood transfusion, only significant risk factor: family history of dementia

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EXPERIMENTAL STUDIES ON TSE INFECTIVITY IN BLOOD AND ITS COMPONENTS

- · Species barrier
- · Route of administration
- · Agent strain (scraple strains, CJD)
- · Amount of infectivity (dose)
- · Definition of endpoint
- · Tenacity of the agent
- Observation time
- · Use of inbred animals
- · Genotype of Indicator animal

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- · Donor animals naturally infected
- Donor animals and indicator animals: same species

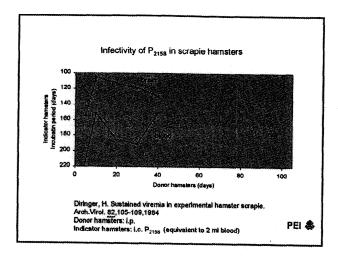
No published studies

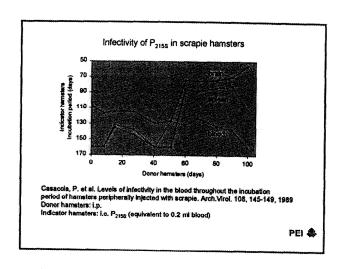
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author		donor		indicator		
	TSE strain, route of administration	species	Superior	emount of meterial. route of administration	actimal apacies	temarks
Hadlow, W.J. (1974)	(derived from Chevior	goets (Search breading)	10% blood clat (emote blood?)	30 H (e	Bulai nica	sups, include time course studies, no in- fectivity found in stoud study
Wells, G.A.H. (1995) While, G.A.H. (1998)	brain stems of 75 cases	Frieser/ i-totatuin maile celves	10% buffy coat	20 pl is. and 100 pl ip.	RIII mice or CS784-J6 mice	time course study, no infec- tivity in buffy one up to 22 months post ineculation, study not yet completed

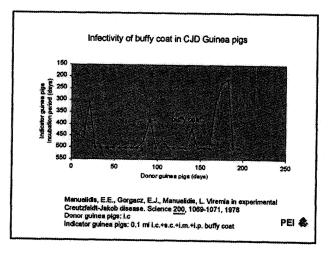
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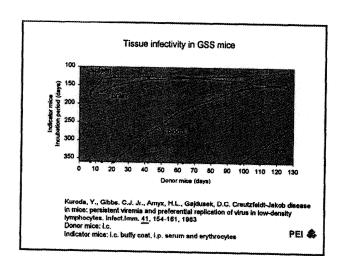
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Conclusions from animal experiments

- No infectivity in blood of Kuru and CJD patients demonstrable. latrogenic CJD? nvCJD? Use of transgenic mice?
- Low level of infectivity in animal models, best demonstrable in small (inbred?) rodents. Titer 1 to 10 IU/ml (HIV, HCV, HBV >10⁵)
- TSE agent and peripheral leukocytes? No parallelism between infectivity in spleen and blood

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Assessment of risk of transmission by blood: CJD vs. vCJD

CJD

- No epidemiological evidence
- Extrapolation of animal data possible?
- PrPsc not found in peripheral tissues
- Predominantly in older individuals

vCJD

- Insufficient epidemiological data
- Extrapolation of animal data possible?
- PrPsc found in lymphoreticular tissue
- Predominantly in young individuals (mean age at onset: 28 yrs.)

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Assessment of risk of transmission by blood: CJD vs. vCJD

CJD

VCJD

 Occurrence all over the world (1 case per million per year) Occurrence predominantly in UK (57 confirmed, 13 probable)

Risk for vCJD: Residency in UK

USA, Canada and others: Exclusion of donors who stayed cumulatively at least six months in UK between 1980 and 1996.

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Germany

Ministry of Health

is advised by

"Arbeitskreis Blut"
(Blood Advisory Board)
managed by the Robert Koch-Institu

supervises

Paul-Ehrlich-Institut (PEI) Plasma derived products, labile blood components: Licensing,

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Arbeitskreis Blut Session of August 1999

- There are no new scientific data which may change the risk assessment regarding the transmission of vCJD by blood (28 yes, 1 abstention)
- The FDA measures cannot be transferred to Germany because of differences in basic assumptions (29 yes)

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Arbeitskreis Blut

Session of August 1999

- A survey of blood donors regarding their pattern of travels to UK should be performed (13 yes. 14 no)
- UK Citizens should be excluded from donation (9 yes, 11 no, 8 abstentions)

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Questions:

Does the exclusion of donors who stayed for some time in UK contribute to the safety of the blood supply?

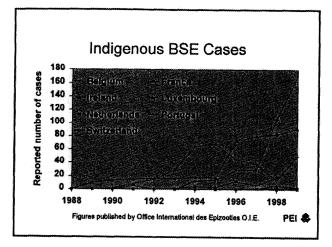
What is the risk to acquire vCJD in the EU outside UK?

How does the exclusion of donors influence the blood supply quantitatively and qualitatively?

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What is the risk to acquire vCJD in the EU outside UK?

- Export of life cattle from UK to continental Europe during the BSE epizootic (France, Netherlands)
- Export of bovine material (meat, meat and bone meal, others) from UK to continental Europe during the BSE epizootic (France, Netherlands)
- Endogenous BSE in continental Europe (Switzerland, Portugal, France, Netherlands and others)



What is the risk to acquire vCJD in the EU outside UK?

· vCJD cases outside UK: France, Ireland

What is the relative risk of many people staying 60 months (5 years) or 600 months (50 years) in Germany (France, Portugal) versus a small percentage staying 6 months or longer in UK?

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What is the risk to acquire vCJD in the EU outside UK?

What is the relative risk of staying 60 months (5 years) or 600 months (50 years) in Germany (France, Portugal) versus staying 6 months in UK?

If we guess that the relative risk is close to zero we may exclude donors who have visited UK, but how should we react if numbers of vCJD cases increase outside UK?

Extension of the measure is not feasible.

Hope for screening tests.

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How does the exclusion of donors influence the blood supply quantitatively and qualitatively?

Reduction of the number of donors (6 months as exclusion criterion ⇒ reduction by about 2.5%)

Replacement by first-time donors with increased risk for blood-borne infections: HIV, HBV, HCV

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How does the exclusion of donors influence the blood supply quantitatively and qualitatively?

How many HIV infections are we ready to accept in exchange to the reduction of the risk from exposure to BSE in UK!

SCMPMD Opinion of 16 February 2000

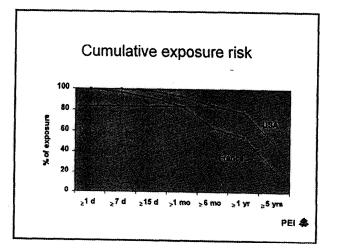
Three sets of data have to be collected and evaluated:

- The travel pattern of European donors which may differ between Member States.
- The exposure to UK bovine derived material in food between 1980 and 1996 in different Member States.
- The prevalence of HIV, HBV and HCV in first time donors in different Member States.

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Cumulative exposure risk 100 80 60 40 20 21 d 27 d 215 d 21 mo 26 mo 21 yr 25 yrs PEI &



SCMPMD Opinion of 16 February 2000

Three sets of data have to be collected and evaluated:

- The travel pattern of European donors which may differ between Member States.
- The exposure to UK bovine derived material in food between 1980 and 1996 in different Member States.
- The prevalence of HIV, HBV and HCV in first time donors in different Member States.

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Summary on donor deferral

- · No decision in the European Union so far
- Survey initiated
- · European harmonisation
 - CJD expert group of BWP and CPMP (EMEA)
 - Working group "Blood and CJD" of the SCMPMD
 - others

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SCMPMD Opinion of 16 February 2000: Leukofiltration

In contrast to the classical forms of CJD, infectivity may be present in peripheral blood of vCJD cases (as extrapolated from models of small laboratory animals with a peripheral distribution of the pathological form of the prion protein similar to that in vCJD patients) and this infectivity may be predominantly associated with white blood cells (again inferred from models of small laboratory animals).

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SCMPMD Opinion of 16 February 2000: Leukofiltration

Caveats:

- lack of experimental proof of reduction of TSE infectivity
- · cell types carrying TSE infectivity unknown
- degree of removal of those cells unknown
- · effect of different types of filters unknown
- · lack of validation

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SCMPMD Opinion of 16 February 2000: Leukofiltration

In the meantime, it might be advisable to introduce leukofiltration as a precautionary step, as it is assumed that it will contribute to diminishing infectivity in blood. A recommendation for the general use of leukofiltration would be in line with the belief that many if not all transfusion recipients would benefit from the removal of white blood cells for other reasons.

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